



## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	FLUID-ASSISTED MEDICAL DEVICES, SYSTEMS AND METHODS
Attorney Docket Number::	13045.41USW1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	39
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	Yes
Petition Type::	Petition Under 37 C.F.R. 1.48(b)
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Supplemental 03/30/04 09/21/04 10/813,736

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Michael
Middle Name::	E.
Family Name::	MCCLURKEN
Name Suffix::	
City of Residence::	Durham
State or Province of Residence::	NH
Country of Residence::	United States
Street of mailing address::	26 Deer Meadow Road
City of mailing address::	Durham
State or Province of mailing address::	NH
Country of mailing address::	United States
Postal or Zip Code of mailing address::	03824

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Scott
Middle Name::	D.
Family Name::	O'BRIEN
Name Suffix::	
City of Residence::	<u>Sanford</u>
State or Province of Residence::	<u>ME</u>
Country of Residence::	United States
Street of mailing address::	<u>20 Trafton Street</u>

Supplemental 03/30/04 09/21/04 10/813,736

City of mailing address:: Sanford  
State or Province of mailing address:: ME  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 04073

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
----------------------------------	-------

### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/US03/09763	03/27/03
This application	Continuation of	10/486,807	02/13/04
This application	Continuation-in-part of	10/365,170	02/11/03
PCT/US03/09763	International application	60/453,093	03/06/03
PCT/US03/09763	International application	60/368,177	03/27/02

### Assignee Information

Assignee Name:: TISSUELINK MEDICAL, INC.  
Street of mailing address:: One Washington Center, Suite 400  
City of mailing address:: Dover  
State or Province of mailing address:: New Hampshire  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 03820  
Supplemental 03/30/04 09/21/04 10/813,736